



HEALTH, SAFETY AND WELFARE POLICY

Policy Title	Health, Safety and Welfare Policy		
Policy Number	1786	Policy Version Number	7
Applicable to	All employees of Dorset County Hospital NHS Foundation Trust (the Trust).		
Aim of the Policy	To assign responsibilities to key personnel and to outline the arrangements, which will enable the Trust to meet the legal obligations and duties placed on it by the Health & Safety at Work etc. Act 1974 and all regulations made there under, along with their associated Approved Codes of Practice and Guidance Notes.		
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Policy Sponsor	Jo Howarth, Chief Nursing Officer		
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CONTENTS

Section		Page
	Executive Summary	
1.	Part 1 – Policy Statement	2
2.	Part 2 - Policy	5
	2.1 Introduction	5
	2.2 Aim of the Policy	5
	2.3 Responsibilities	5
3.	Appendices	11
Appendix 1	Flow Chart Summary of HSG 65	11
Appendix 2	Health and Safety Structure	12
Appendix 3	Framework for Division/ Services Health & Safety Policies	13
Appendix 4	Trust Self Audit Guidelines	21
	Annex A Health, Safety and Welfare Policy – Annual Health and Safety Self Audit	23
	Annex B Health, Safety and Welfare Policy – Health and Safety Audit Action Plan and Report Form	29
	Annex C Health, Safety and Welfare Policy – Divisions - Risk Assessment Register (non-clinical)	30
Appendix 5	Equality Impact and Compliance Assessment	31
Appendix 6	Privacy Impact Assessment Screening Questionnaire	32

EXECUTIVE SUMMARY

Title	Trust Health, Safety and Welfare Policy
Applicable to	All employees of the Trust
Policy Objectives	To define the strategic arrangements through which the Trust will reduce the risk to members of staff (including contractors), patients and visitors from Occupational Risks
Main features	Part 1 - Policy Statement; Part 2 - Policy, 2.4 Introduction; 2.5 Aims of the Policy; 2.6 Responsibilities.
Date approved	Nov 2008
Approved by	Health, Safety, Welfare and Environment Management Committee
Review due on	July 2026
Author	Trust Health & Safety Advisor

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Part 1 - General Health & Safety Policy Statement

The Board of Directors of this Trust acknowledge their responsibilities under the Health & Safety at Work etc Act 1974 and supporting legislation and guidance.

The Board of Directors of this Trust regards the promotion of Health & Safety measures as a mutual objective for management and employees at all levels.

- 1.** It is the Trust's policy to do all that is reasonably practicable to prevent personal injury and damage to property and to protect everyone from foreseeable work hazards. This includes contractors, the public and patients, insofar as they come into contact with the Trust or its procedures.
- 2. In particular this Trust has a responsibility:**
 - to make available such resources (material and financial) as are necessary, to enable the Trust to fulfil its responsibilities;
 - to provide and maintain safe and healthy working conditions taking account of any statutory requirements;
 - to provide training and instruction to enable employees to perform their work safely and efficiently;
 - to make available all necessary safety devices and protective equipment and to supervise their use;
 - to maintain a constant and continuing interest in health, safety and welfare matters applicable to the Trust's activities, in particular, by consulting and involving employees and their representatives wherever possible;
 - to monitor, audit and review health, safety and welfare policies at least every three years and health and safety practices on an on-going basis.
- 3. Employees have a duty to co-operate in the operation of this policy:**
 - by working safely and efficiently;
 - by using the protective equipment provided, and by meeting statutory obligations;
 - by reporting any accident, dangerous occurrence or potential hazard;
 - by reporting incidents that have led, or may lead, to injury or damage;
 - by adhering to Trust policies and procedures, jointly agreed on their behalf, for securing a safe workplace;
 - by assisting in the investigation of accidents with the object of introducing measures to prevent a recurrence.
- 4.** The Trust will promote Health & Safety so that it becomes part of normal operational management and is viewed by all staff as a way of positively improving the working environment.

Part 2 – Trust Health, Safety and Welfare Policy

2.1. Introduction

Dorset County Hospital Foundation Trust, henceforth known as the “Trust”, is committed to providing a safe and healthy environment, not only for members of staff who work directly for the Trust, or on behalf of the Trust, but also for the patients, their relatives and friends and any other person who may be legitimately on Trust property.

In particular, the Trust will take all measures required to meet its general duties under Section 2 of the Health and Safety at Work Act 1974, in the provision of:

- Plant, equipment and systems of work that are safe and without risk of harm.
- Arrangements to ensure the safe use, handling, storage and transportation of articles and substances.
- Suitable and sufficient information, training and supervision to enable all employees to avoid hazards and contribute positively to their own health and safety at work.
- A safe place of work, with safe access and egress.
- Adequate and suitable welfare facilities.

The Trust Board recognises that health and safety is an essential part of risk management and requires integration into the Trust’s overall plans. It also recognises that health and safety is a management responsibility of equal importance to all other management functions. The Trust is committed to continuous improvement for safety by the implementation and maintenance of an effective Trust Health and Safety Policy and Safety Management System. A summary and flow chart of the management system HSG 65 can be seen at [Appendix 1](#).

2.2. Aim

The aim of this Trust Health and Safety Policy is to assign responsibilities to key personnel and to outline the arrangements, which will enable the Trust to meet the legal obligations and duties placed on it by the Health & Safety at Work etc. Act 1974 and all regulations made there under, along with their associated Approved Codes of Practice and Guidance Notes.

2.3. Responsibilities

The following responsibilities have been bestowed upon the person, or groups, as detailed below and as listed in the Health and Safety Structure diagram at [Appendix 2](#).

2.3.1. Trust Board

For the purpose of Section 2 of the Health & Safety at Work Act 1974, the Trust shall be known as the “employer”. The Trust must therefore, as far as is reasonably practicable, safeguard the health, safety and welfare of their employees, patients and visitors. In particular this extends to the provision and maintenance of the following: -

- Plant, equipment and systems of work that are safe and without risk of harm.
- Arrangements to ensure the safe handling, storage and transport of all work articles and substances.

- Provision of suitable and sufficient information, instruction, training and supervision.
- A safe working environment with safe access/ egress.
- Adequate and suitable welfare facilities.

2.3.2. Chief Executive

The Chief Executive has overall responsibility for health and safety and is accountable to the Trust Board for ensuring the Trust meets its statutory obligations for the overall standards of health and safety, and for ensuring these standards are maintained. For day-to-day operation of the Trust policy, responsibility is delegated to the Director of Nursing.

2.3.3. Chief Nurse

The Chief Nurse is responsible for:

- The appointment of Competent Persons (see [Section 2.3.9.](#) of this policy).
- Monitoring the effectiveness of the Health, Safety and Security Group meetings.
- The production and maintenance of the Trust's Health and Safety Policy.
- Ensuring that this policy and its contents are drawn to the attention of all staff.
- Implementation of the Trust policy.
- Monitoring and reporting on the effectiveness of the policy.
- The provision of health and safety training.

2.3.4. Head of Risk Management

The Head of Risk Management is responsible for:

- Chairing the Health, Safety and Security group meetings
- Developing and co-ordinating effective Health and Safety Policies and controls.
- Ensuring that Health and Safety Policies are monitored audited and reviewed as deemed necessary.
- Providing an annual report on the health and safety performance of the Trust, emerging trends and recommended action for the previous twelve months. The Senior Management Team and the Trust Board will consider this report. The report will identify how Health and Safety contributes to the overall strategy and performance of the Trust.
- Acting on behalf of the Chief Executive, as the Trust's formal link with the Health and Safety Executive, Environmental Health Departments and other external agencies.
- Working with health colleagues to ensure the provision of Health & Safety training including:
 - Moving & Handling/Slips trips and falls
 - Root Causes Analysis
 - Risk Assessment and Management
 - Health and Safety responsibilities of managers
 - Health and Safety Awareness for staff
 - Health and Safety Training for Band 6 and above with responsibilities for staff
 - COSHH
 - Conflict Resolution Training
 - Physical Intervention Training
 - Other Health and Safety training as deemed necessary

2.3.5. Health and Safety Manager

The Health and Safety Manager is responsible for:

- Advising the Trust Board, Chief Executive, Chief Nursing Officer, Head of Risk Management, Directors, Trust Managers and Risk Leads of all current Health & Safety Legislation, Approved Codes of Practice and Guidance Notes
- Provide expert advice to Departmental Managers/Ward Sisters in the conduct of risk assessments in accordance with the Management of Health and Safety at Work Regulations 1999, and on any other health and safety issues
- Acting as advisor to the Health, Safety and Security Group.
- Identifying health and safety incident trends and reporting these to the Group
- Delivering a range of health and safety training within the Trust

2.3.6. Directors

The Directors are responsible for Health and Safety within their area of responsibility. They are responsible for:

- Implementing the Trust Health and Safety Policy within their areas.
- Ensuring Division Health and Safety Policies and implementation plans are prepared and that these are recorded within the Division. These must be updated regularly and monitored. A framework for the Division/departmental Health and Safety Policy can be seen at ([Appendix 3](#)).
- Ensuring Division managers/service/department managers receive appropriate training and time to carry out their health and safety roles and responsibilities.
- Ensuring and reminding managers that it is a legal requirement under regulation 3 of the management of health and safety at work regulations to produce suitable and sufficient risk assessments of the risks to the health and safety of staff, patients and other persons within the Division. These are to be carried out and reviewed at least annually. Ensuring the Division maintains a Divisional risk register and central action plan.
- Ensuring account is taken of staff capabilities, training and experience regarding health and safety issues.
- Ensuring all departments monitor, review and report on the effectiveness of the local Health and Safety Policy via an annual health and safety audit.
- Ensuring local induction procedures are in place within the Division and that all new staff (including locums, part-time appointments, volunteers, work experience etc) receives appropriate health and safety information and training.
- Ensuring health and safety responsibilities are included in all job descriptions.
- Ensuring health and safety responsibilities are included as part of the staff appraisal procedure.
- Ensuring health and safety is a standing agenda item on all Division governance, managers and staff meetings.
- Where facilities are shared with non-Trust staff, appropriate co-operation between appropriate managers must take place, to determine the means by which risk assessments of those facilities are carried out and any remedial action identified, implemented.
- Ensure that all wards or departments are in possession of and using the Trusts health and safety file. No area should be without an inspection regime.

2.3.7. Divisional Managers and Heads of Departments

Are responsible for Health and Safety within their service area. They are responsible for:

- Implementing the Trust, Departmental and Divisions Health and Safety Policies within their service area.
- Ensuring Divisional Health and Safety Policy implementation plan is prepared and that this is recorded within the appropriate departments/service. It must be updated regularly and monitored within the department/service. A Framework for the divisional/departmental/service Health and Safety Policy can be seen at ([Appendix 3](#)).
- Ensuring supervisors receive appropriate training and time to carry out their health and safety roles and responsibilities.
- Ensuring suitable and sufficient risk assessments of the risks to the health and safety of staff, patients and other persons in their department/service are carried out and reviewed at least annually.
- Ensuring that those responsible for risk assessment can access the Trusts bank of generic risk assessment via the Health and Safety intranet site. It should also be highlighted that these are not purely a pick and use item and must be assessed as to the specific risk and that any necessary control measures emulating from these assessments must be actioned in a timely manner.
- Ensuring the department/service maintains a risk register and central action plan.
- Ensuring account is taken of staff capabilities, training and experience regarding health and safety. Ensuring local induction procedures are in place within the department/service and that all new staff (including locums, part-time appointments, volunteers, work experience, contractors and agency staff, etc) receive appropriate health and safety induction, information and training before any work commences. New employees must also be booked onto the first available Trust induction.
- Ensuring health and safety responsibilities are included in all job descriptions.
- Ensuring health and safety responsibilities are included as part of the staff appraisal procedure.
- Ensuring health and safety is a standing agenda item on all managers and staff meetings.
- Where facilities are shared with non - Trust staff, appropriate co-operation between appropriate managers must take place, to determine the means by which risk assessments of those facilities are carried out and any remedial action identified, implemented.
- Ensure that all wards or departments are in possession of and using the Trusts health and safety file and inspection regime. (No area should be without an inspection regime)
- Ensure that the site of any accident is inspected immediately and where necessary photographs of the site are taken. If an accident involves a slip, trip or fall then footwear must be inspected/photographed.
- Ensure all accident/safety events are reported on Datix. If staff are unable to fulfil this then line manager should report the incident.
- Ensuring all departments/services monitor, review and report on the effectiveness of the local health and safety procedures via an annual health and safety audit. The Audit tool can be found at ([Appendix 4](#)) the audit process is as follows:
 - Divisional Managers and Heads of Departments will set up a health and safety audit programme within their area of responsibility. They will identify each of the Division's wards and departments and nominate a person from another ward or department to undertake the health and safety audit, using the Audit Tool at ([Appendix 4](#)).

- Divisional Quality Managers will prepare a single report setting out the division/directorate audit findings.
 - This report will be presented by the Divisional Manager or their representative to the Health, Safety and Security group at the meeting held in March/April each year. This should be RAG rated and setting out the audit results for the whole division and any action plans arising from the audit.

2.3.8. Clinical Directors/ Divisional Heads of Nursing and Quality/ Matrons/ Ward Sisters

These managers are accountable to the Chief Executive for ensuring that the Trust Policy and the local Divisional/ departmental/ service policies are adhered to at a local level, that risks are identified as speedily as possible and that action to eliminate or reduce them is taken promptly. Also ensuring that the Trusts health and safety files are used appropriately and that any actions required of the inspection sheets are carried out in a timely manner. That the sheets are retained for three years and that an annual audit of the files is carried out to ensure the inspection regime is robust and effective.

2.3.9. Competent Persons

The Trust has appointed the following as Competent Persons, in line with the requirements of the Management of Health and Safety at Work Regulations (1999):

- Health and Safety Manager
- Occupational Health Nurse Specialist (SLA)
- Occupational Health Physician (SLA)

In addition expert advice is available from the following:

- Head of Risk Management
- Security Manager
- Consultant Microbiologist
- Radiation Advisor
- Infection & Prevention Control Nurse
- Estates Manager
- Fire Safety Officer
- Emergency Planning

These staff are responsible for maintaining their expertise.

2.3.10. General Health and Safety Duties for Employees

All employees must take reasonable care of their own health and safety and that of others who may be affected by their acts or omissions.

They must also co-operate with the Trust so far, as is necessary to enable the Trust to comply with its legal duties.

This includes:

- Working safely and efficiently.
- Using the protective equipment provided.
- Not tampering with any control measure, or device, that has been put in place to enhance their safety.
- Meeting statutory obligations.
- Adhering to Trust policies and procedures.
- Reporting any accident, near miss, dangerous occurrence or potential hazard.

- Assisting in the investigation of accidents with the object of introducing measures to prevent a re-occurrence.

Staff who act in an unsafe manner, or fail to comply with the law, will be subject to the Trust's Disciplinary Procedure. Serious omissions or continual failure to comply may lead to dismissal.

Staff must report health and safety issues, unsafe practices or hazards to their manager.

It is important that should any member of staff have an accident, near miss or identify a hazard they must report it immediately. They should complete an incident form (Datix) online or ask someone to complete it on their behalf. They must provide a comprehensive statement in relation to the accident/incident and identify any witness. They must also report the accident/incident to the line manager immediately. Reporting to the line manager will enable them to inspect the site, take any necessary photographs and identify any safety breach on behalf of the staff member or the trust. If the accident involves a slip, trip or fall they may also ask to inspect footwear to ensure this is appropriate. Failure to apply any of these measures could jeopardise any subsequent claim for damages.

2.3.11. Consultant Medical Staff

Consultant Medical Staff have a responsibility to ensure that the provisions of the Trust Policy and the local Division/ department/ service policies are implemented in their service area and that any staff, for whom they are responsible, adhere to the policies.

Appendix 1

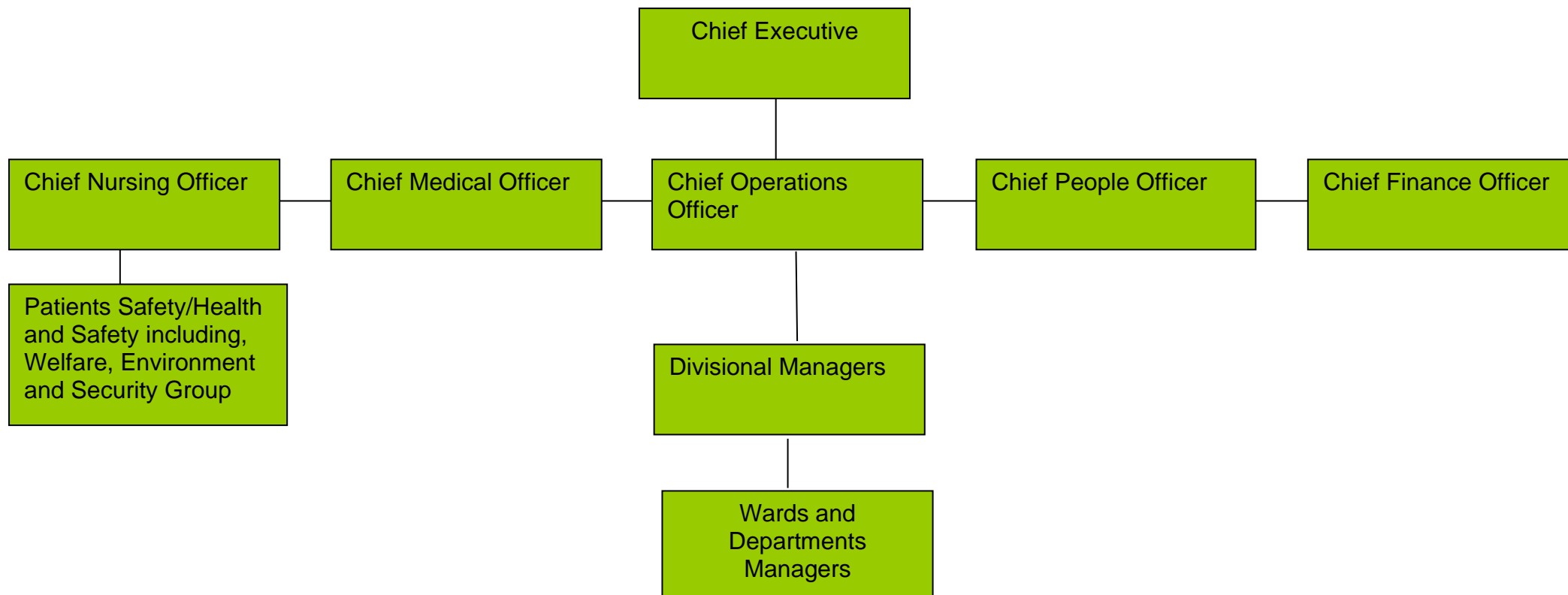
Trust health and Safety Policy

A Summary of Successful Health and Safety Management (HSG 65) actions:

Flow	Policy →	Organising →	Planning →	Measuring →	Audit →
<u>Chief Executive and Board</u> ↓	Give authority to policies and allocate sufficient resources to attain policy commitments.	Configure the Trust in such a way that responsibility for achieving goals and duties are clear and appropriately assigned	Establish and maintain a committee structure to review all potential areas of loss/harm of relevance to the whole Trust	Receive reports from relevant staff identifying significant hazards and showing trends in performance	Prioritise actions to control loss/harm and enhance performance at Trust level
Directors of Service ↓	Give authority to policies with limited local application and allocate sufficient resources to attain policy commitments	Assign within job descriptions clear safety criteria and review their attainment at appraisal	Support within the service a committee structure to allow consultation on all areas of risk and safety capable of local resolution	Receive reports from relevant staff identifying significant hazards within the service and trends in performance and consult on control measures	Identify hazards capable of control and set action targets to minimize loss/harm and assign responsibilities to services for their attainment
Service Manager ↓	Prepare action plans to reduce identified hazards to acceptable levels and provide necessary resources	Assign targets to be achieved and resources to individuals within appraisal	Track progress on assigned targets within the business agenda and address difficulties to maintain progress	Review data on losses such as incident and claims reports and liaise with appropriate staff to review performance	Participate in Root Cause Analysis to identify and control causes of significant loss to prevent repetition
Ward/Dept Manager ↓	Ensure all staff are aware of safety hazards and safe working practices	Liaise with staff and advisers to identify and control hazards via inspection and assessment	Correct bad practices as observed and identify and control causes by investigation	Periodically review incident reports to ensure that lessons have been learned	Review and revise Risk Assessments to ensure all risks are controlled in a practicable manner
All staff ↓	Be familiar with significant local hazards and know safe work systems	Take care for your own and other's safety and follow safe working procedures	Do not deviate from or amend work systems without proper consultation	Report any incidents, accidents or near misses on a risk event report and to your supervisor and assist in investigation	Contribute to risk assessment where required to ensure that the actual hazard is controlled

Appendix 2

Trust Health and Safety Structure



Appendix 3

Trust Health & Safety Policy

To open a working copy of this Appendix 3, [Click Here](#)

Framework for Divisional/ Services Health and Safety Policies

Due to the size and varying activities of the Trust's Divisions and departments, it is not practicable for the Trust's Health and Safety Policy to embrace in detail all safety requirements and protocols. Therefore, each Division/Service will write their own Health and Safety Policy, depicting in detail the safety arrangements and procedures in place. The framework for a health and Safety Policy is outlined below:

1. Identify a senior person as having responsibility for health and safety. This must be the Director, Associate Director, Manager, or the Head of the Service/Department.
2. Make arrangements for identifying and assessing risks i.e. general risks and hazardous substances and identify people responsible for carrying out risk assessments.
3. Make arrangements for monitoring work practices.
4. Maintain a register of Division/service/department policies, relevant to work practices and procedures.
5. Make arrangements for staff training and recording of training.
6. What follows is a worked example of what a Division or departmental policy must look like. Divisions are to ensure that the 12 section in this example are included in their policies:



Example Template

The Division/Departmental or Area Policy statement and Policy below is an example of what you should consider implementing in your areas. Please keep the headings as listed. The document must be read carefully and added to where you see fit. However the policy must direct staff, it must tell them what their responsibilities are. It is not sufficient to prefix every paragraph with "all staff are responsible for" you need to be more specific.

It is strongly recommend a team approach i.e. (joint consultation) If staff members feel empowered and part of the change process and their opinions valued they are more likely to embrace the change and the policy.

Part 1: Division or Department Health and Safety Policy Statement

As divisional/service manager I believe that maintaining a healthy workforce within a safe working environment is a key priority. I believe that improved health, safety and welfare for staff have a direct impact on its ability to provide high quality health care for patients.

I recognise the statutory duty to ensure the health, safety and welfare of employees, patients, volunteers and other visitors as specified in the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999.

Resources are allocated by the Trust to maintaining and improving standards of health, safety and welfare. In addition, every manager and member of staff is personally responsible for providing and safeguarding their own health and safety, in so far as they are reasonably able to do so.

The following Policy outlines the division/service approach to health, safety and welfare, which will be regularly monitored by the division/service Manager:

(Signed)

A Another
Division/Service Manager)
Date

Example Division Policy

Policy Title	Division/ Service Health, Safety and Welfare Arrangements/ Policy		
Policy Number		Policy Version Number	
Applicable to	All employees of the Division Service Department		
Aim of the Policy			
Next Review Due Date			
Author/ Reviewer			
Policy Sponsor			
Expert Group	Patient/ Health and Safety Group		
Date Approved			
Primary Specialty	Health, Safety and Security		

Division, Service Health and Safety & Welfare arrangements

	Contents Page
	Statement by Division/Service Manager
1	Introduction
2	Organisation
3	General information
4	On discovering fire
5	Fire precautions
6	Accidents
7	First aid
8	Risk Assessment
9	Monitoring the policy
10	Staff visiting or working away
11	Health and Safety Queries or issues
12	Responsibilities

1. INTRODUCTION

It is the policy of to provide as far as is reasonably practical, a working environment and practices that will ensure the health, safety and welfare of all staff and visitors engaged in departmental activities. The Trust Health Safety and Welfare Policy provide information on other aspects of Health and Safety.

2. ORGANISATION

The Division/Service Manager is responsible to the Chief Executive for the management of Health and Safety matters within the Division/Service. The Division/Service safety lead ,,,,,, will take a special interest in the promotion of Health and Safety matters and provide a first level of advice on these matters. All staff are responsible for ensuring that they work in a manner, which is safe to themselves and to others, and to comply with the relevant requirements of both the Trust and Division/Service Health and Safety Policies and arrangements.

3. GENERAL HEALTH AND SAFETY INFORMATION

All staff are urged to read the relevant parts of the Division/Service Health and Safety arrangements and carry out any duty required of them.

4. ON DISCOVERING A FIRE

- Sound the alarm by operating the nearest break glass call point
- Make an immediate 2222 call to the Hospital switchboard and state clearly the location and type of fire.
- Attack the fire with the appropriate fire fighting equipment if safe to do so.
- Prepare for Progressive Horizontal Evacuation. Person in charge to assess danger to patients and decide if there is a need to evacuate.
- In the Fire Alert Zone the alarm will sound continuously and certain fire resisting doors will Automatically close.
- If there is no obvious sign of fire, report to the Staff Assembly Point
- The alert location will be displayed on the fire alarm panel
- Staff to proceed to the alert location to investigate

Note: Each Ward /Department must have a Fire Wardens Board available at the Staff Assembly Point.

The Senior Person present assisted by the Fire Warden will take charge of the incident.

5. FIRE PRECAUTIONS

All staff must familiarise themselves with the location of fire doors and fire exits, so that they know as many as possible of the means of escape from the building. All staff must know the location of their nearest fire extinguishers and fire alarm call points, evacuation chairs and ski slides and instructions for their use.

Emergency exit routes must remain tidy and free from obstacles. Staff must not leave or store flammable materials on emergency exit routes or blocking immediate access to fire alarms, fire equipment or electrical switchgear.

On leaving the building (other than in an emergency) you must ensure that all unnecessary electrical equipment is switched off, and that all doors to rooms and stairwells are closed. Staff are reminded that smoking is not permitted on Trust property.

6. ACCIDENTS

All accident, near misses and incidents must be reported via an on line Datix report. All staff must make themselves familiar with completing a risk event and its associated guidelines

7. FIRST AID

In the event of emergency first aid being required contact

8. RISK ASSESSMENT

The Head of Department is responsible for ensuring that a small team with sufficient knowledge is formed to complete Risk Assessments, see specifics under Responsibilities. Examples (and this list is not exhaustive) of areas that need consideration are: Display Screen Equipment DSE, manual handling, COSHH, slips trips and falls, lone working, security, violence and aggression and general environment risk assessments. The outcome of risk assessments will be brought to the attention of all relevant staff involved in the activity and held centrally in the Health and Safety File, which must be readily available to all members of staff. It is imperative that anyone annotated with an action on the risk assessment is informed and a time scale for completion agreed.

Risk assessments must be reviewed annually by the Head of Department to ensure the information contained within them remains valid.

9. MONITORING OF THE ARRANGEMENTS

A self-inspection (safety audit) of the Division/Service will be undertaken every 12 months to monitor the effectiveness of the local Health and Safety Arrangements. The inspection must be carried out in accordance with the instructions in section **2.3.7** of the main health and safety policy document at **Appendix 4**.

Managers must also ensure that the Trust main Health and Safety Policy is also being adhered to in conjunction with the local arrangements.

10. STAFF VISITING OR WORKING AWAY FROM THE DEPARTMENT

Staff must seek advice and be aware of the health and safety policy for any areas that they are visiting or working in. They must make themselves aware of local emergency procedures including lone working.

11. HEALTH AND SAFETY ENQUIRIES OR ISSUES

All staff encountering any kind of Health and Safety hazard in the Division/Service must report these promptly via Datix and to their risk lead who should be identified in the wire diagram at [Annex A](#) or, in his/her absence the next most senior member of staff.

12. RESPONSIBILITIES

The following responsibilities have been bestowed upon the person, or groups, as detailed below.

12.1 Divisional/ Service Manager

The Division/Service Manager (annotate which) has delegated authority for Health and Safety and is accountable to the Chief Executive for ensuring your Division/Service meets its statutory obligations for the overall standards of Health and Safety, and for ensuring these standards are maintained. For day-to-day operation within my area of responsibility department my authority is delegated to the following.

12.2 Divisional Head of Nursing and Quality, Risk Lead, Matrons or Equivalent. Remember you put in who you feel is appropriate

The **Divisional Head of Nursing and Quality**, Matron or Equivalent is responsible for (annotate who is responsible for what):

- The appointment of competent person to carry specific specialist tasks within the division/ service.
- Ensuring suitable and sufficient risk assessments of the risks to the health and safety of staff, patients and other persons in their Division/Service are carried out and reviewed at least annually.
- Ensuring ward/department managers receive appropriate training and time to carry out their health and safety roles and responsibilities
- Ensuring that these arrangements and its contents are drawn to the attention of all staff
- The day to day running of the department
- The up dating of training
- Ensuring that the departmental health and safety files are being used correctly and that the inspection regime is being carried out.
- Ensuring that a Division COSHH inventory is in place and readily available for scrutiny
- Ensuring that stress risk assessments are carried out in accordance with the step-by-step approach using The Management Standards. This includes setting up informal focus groups. These focus groups can provide an opportunity to explore work related stress issues in more depth. This will also allow you to explore common issues across groups with shared interests that might not normally come together as members of teams. They allow you to explore issues in considerable depth and are particularly useful if you want to find out what specific groups of people think about work. They must help in evaluating the risks, exploring the problems and developing solutions.

12.3 Ward sisters or equivalent. Remember you put in what you think is appropriate

The ward sister is responsible for:

- The day to day running of their wards/ areas
- The reporting of physical assaults on staff via Datix
- Ensuring the prompt reporting of RIDDOR incidents and follow up accident investigations.
- Ensuring the health and Safety file tasks are distributed amongst staff
- That risk assessments are carried on any areas or tasks with associated hazards
- Health and safety awareness of all staff, by briefings, meetings, tool box talks
- Sufficient staff members are trained in:
 - COSHH risk assessment
 - Standard risk assessment
 - Moving and Handling cascade training
 - Health and Safety level 1 course
 - Conflict Resolution Training
 - Physical Interventions

12.4 Safety Representatives

Safety representatives are responsible for representing their members at staff meetings, assisting with inspections and accident investigation and distributing health and safety information and must where possible be in attendance at stress focus group meetings.

12.5 Competent persons

The Division, Department or Ward has appointed the following persons as competent through training to disseminate advice and training to other members of the department

- COSHH assessor (see 12.6)
- Moving and Handling cascade trainer (see 12.7)
- Any others you deem competent through training (see 12.8)

In addition expert advice is available from the following:

- Insert those who have recognised Health and Safety qualifications. e.g. Health and Safety Advisor course trained personnel etc.

12.5.1 Trust level expert advice is available from the following

- Head of Risk Management
- Local Security Management Specialist
- Health and Safety Manager
- Occupational Health Nurse Specialist
- Occupational Health Physician
- Consultant Microbiologist
- Radiation Advisor

- Infection & Prevention Control Nurse
- Estates Manager
- Fire Safety Officer

12.6 COSHH assessor

The nominated and course trained COSHH assessor is responsible for ensuring that all COSHH items held in the location are assessed, stored and transported correctly. All COSHH items must have a supporting COSHH Assessment, Material Safety Data Sheet (MSDS) and where necessary a Safe Systems Of Work (SSOW) these must be in or identified within the Health and safety File and available to all staff. All items must be recorded on a Trust COSHH inventory sheet. The COSHH inventory sheet should be held locally on a local drive and available for scrutiny by the Health and Safety Advisor and Fire Officer/Clinical Site Manager (CSM). This inventory must be up dated regularly and must be readily available to the Fire or Emergency Services on request.

12.7 Moving and Handling Cascade trainer

The moving and handling cascade trainer will demonstrate good practice and ensure that others do the same. They shall also ensure any necessary training of staff members is carried out in the use of moving and handling devices and techniques.

12.8 Anyone else who you deem to be competent through training in health and safety and can contribute to the safety of your department.

Policy approved by: Division Health and Safety Committee or Governance.

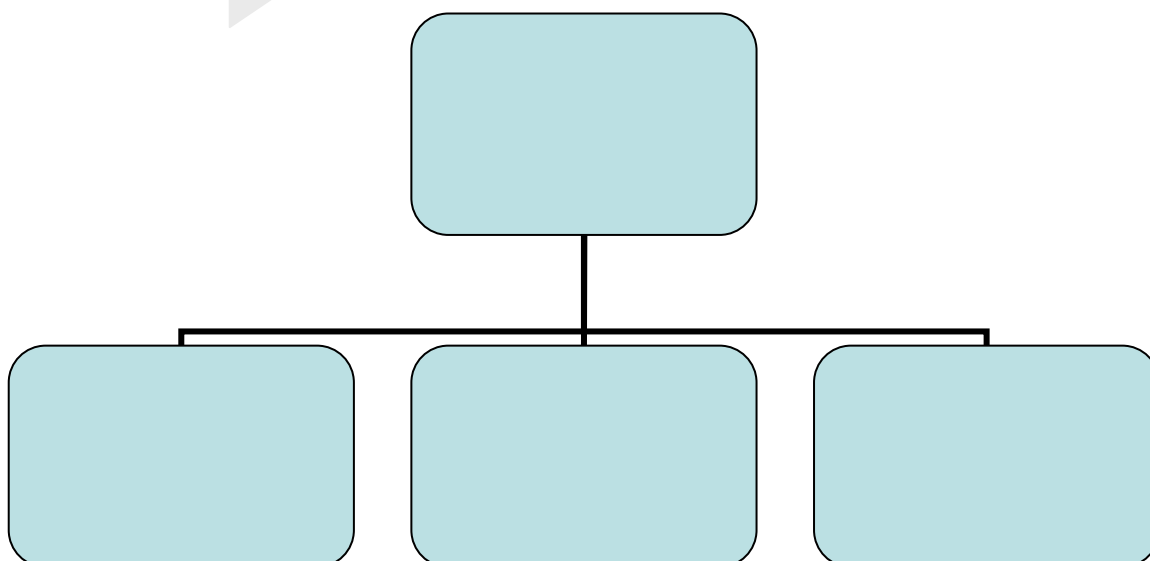
Dated Approved.....

Date for Review.....

Annex A to Division Health and Safety Policy

Dated

Health and Safety Structure



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Appendix 4 Trust Health & Safety Policy
Dated: 31 Jan 2021

ANNUAL HEALTH & SAFETY SELF AUDIT

GUIDELINES FOR CARRYING OUT THE HEALTH AND SAFETY AUDIT

It is a requirement of the Management of Health and Safety at Work Regulations 1999 that all working areas carry out audits. The Departmental Manager/Ward Manager will assume the role of Lead Auditor, and is responsible for ensuring the audits are carried out as per section **2.3.7** of this main document.

The Audit Process

All questions must be answered. When carrying out the audit, it will be necessary to review working practices together with conditions in and outside of the working area.

This audit list is intended to ensure that the main health and safety **management issues** are under control and must be used to prioritise the action required to maintain the Trust's health and safety.

It must be noted that the audit sub-sections are not exhaustive which means further action may be required to tailor the audit sheets to address particular activities within your area. However no sections can be deleted.

The audit checklist must be undertaken annually (normally in March) or whenever there is significant change within the Division (e.g. Alterations to a building).

Headings are designed so that a **Yes** or a **No** can be written in the space provided. If the heading is not applicable to your Division, please write N/A (not applicable). The **Yes** answers indicate all is in order and that No that further action is required. The **No** answers will indicate that further consideration is required and action to be taken. A note must be made at the time in the *Comments/required action* section.

On completion, the ward or department audit sheets should be presented to the divisional quality managers who should collate all the information into one single divisional audit action plan. This audit action plan must highlighting general areas of concern using a RAG rating.

Register of Risk Assessments

Details of all risk assessments must be inserted in the Risk Assessment Register ([Annex C](#)). The register must be signed and dated by the Manager.

Health and Safety Audit, Action Plan and Report Form

The Audit requires that a Health and Safety Audit Form ([Annex A](#)) and an Action Plan and Report Form ([Annex B](#)), is completed. Agreed actions to date resulting from completed risk assessments must be inserted. Managers must be consulted where operational and budgetary issues are highlighted.

Copies of completed audits and action plan report forms must be: -

- Retained in the ward/department.
- Copies forwarded to the Division Quality Manager for collating into a divisional action plan.
- Collated Division action plans will then be presented to HEALTH, SAFETY AND SECURITY GROUP Group in March of each year. In accordance with this policy document or as requested by the HEALTH, SAFETY AND SECURITY GROUP Group.
- A complete copy of the divisional bundle must be presented to the Health and Safety Advisor 10 days before the planned HEALTH, SAFETY AND SECURITY GROUP Group meeting in March.

Review of Audits

It is the function of the Division Managers to ensure all departments are audited and reviewed.

Quality Audit

10% of departments/wards will be check-audited by the Trust's Health and Safety Advisor and divisional quality manager. These quality check audits will be unannounced. The Trust's Health & Safety Advisor will confirm dates and times with the quality managers. The outcomes of the quality audits will be presented to the HEALTH, SAFETY AND SECURITY GROUP within 6 months of the audit date for scrutiny and any remedial actions.

Annex A to Appendix 4 of Health, Safety and Welfare Policy

ANNUAL HEALTH AND SAFETY SELF AUDIT

Date of Audit:	Ward/ Department:	Division:	
External Auditor <i>From another area</i>	Name:	Signature:	
Lead Auditor to assist <i>From within the ward or department</i>	Name:	Signature:	

1. Procedures/ Safe Systems of Work		YES✓ NO X	Comments
1.1	Is a copy of the Trust Health and Safety policy Statement from the CEO available in the Health and Safety File?		
1.2	Is a copy of the Division/Service Health and Safety arrangements available in the Health and Safety File or local server and available to staff?		
1.3	Have you instructed staff to read the local arrangements and do they know where to find them?		
1.4	Are staff made aware that the Health and Safety at Work Act 1974 poster is available outside Damers restaurant on the noticeboard and on the noticeboard outside East wing lift - left hand side opposite REI?		
1.5	Are there safe systems of work specific to your work area? Safe Systems of Work are normally the result of an action plan needed to control remaining hazards. If yes! Please list them.		

2. Control of Substances Hazardous to Health (COSHH)		YES/ NO	Comments
2.1	Are COSHH substances used within the Dept/ward area?		
2.2	Have COSHH assessments been carried out? (Attach the Inventory of COSHH Items/Assessments)		
2.3	Do you have sufficient COSHH assessors? If not why not?		
3. Moving & Handling		YES/ NO	Comments
3.1	Have Moving & Handling assessments been carried out?		
3.2	Have all staff completed mandatory training?		
3.3	Does your Dept/ward have a Moving & Handling cascade trainer?		
3.4	Do staff receive instruction on slips, trips and fall within the local department? e.g. inspecting the area and ensuring spills are cleaned up immediately?		
4. Display Screen Equipment (DSE)		YES/ NO	Comments
4.1	Is DSE used in the Dept/Ward area?		
4.2	Have all DSE check lists been completed by those identified as users and are these available at each work station?		
4.3	Do managers understand that if items are identified as insufficient by the check list that action must be taken and the Health and Safety Advisor is notified in order to carry out a full DSE assessment?		
4.4	Do all workstations generally comply with the DSE Regulations?		
5. Electrical Safety		YES/ NO	Comments
5.1	Are visual checks carried out of electrical equipment before use?		
5.2	Is a register of electrical equipment kept?		

5.3	Is Portable Appliance Testing (PAT) in date and regularly checked in accordance with the health and safety inspection regime?		
6. Equipment/ Machinery		YES/ NO	Comments
6.1	Is all equipment/machinery in full working order?		
6.2	Are before use checks carried out?		
6.3	Are records of inspections kept within the dept/ward area?		
6.4	Have staff been trained to use equipment?		
6.5	Are records kept of the training?		
6.6	Are staff aware that they must immediately quarantine faulty equipment to ensure it cannot be used or harm other staff or patients?		
7. Workplace/ Welfare Facilities		YES/ NO	Comments
7.1	Are secure facilities provided for staff possessions?		
7.2	Are washing facilities provided?		
7.3	Are rest breaks provided?		
7.4	Are facilities available for staff to take rest breaks away from the workplace?		
7.5	Are staff hands checked regularly to ensure they have no signs of dermatitis and is this recorded?		
7.6	Do staff have a supply of emollients for hand care available in staff rooms and areas where staff would generally congregate?		
7.7	Are staff regularly reminded they should not bring attractive items into the workplace and that any items they do bring in must be secured and are they informed that a locked changing room is not sufficiently secure?		

8. Emergency Procedures		YES/ NO	Comment
8.1	Is First Aid available throughout the shift/working day? Areas with registered nurse (must be named e.g. senior sister in Department) can carry out this task. Areas without a registered nurse should have an appropriate staff member qualification in first aid.		
8.2	Is First Aid information clearly displayed?		
8.3	Is a first aid box complete with contents list available? Or a treatment room that has the contents of the box contained therein. The latter must be recognisable with the appropriated green square with a white cross.		
8.4	Are all staff aware of the fire evacuation procedures?		
8.5	Are all staff aware of the procedure in the event of a Improvised Explosive Device (I.E.D) Bomb Policy being identified?		
8.6	Have all staff received their annual Fire Safety training?		
8.7	Are staff aware that they must report all accidents, incidents and near misses via DATIX?		
8.8	Is feedback provided following accident reporting and how do you implement feedback?		
8.9	Do staff know the emergency number 2222 and under what circumstances they can use this?		
8.10	Has a general security/violence & aggression risk assessment and security procedure been carried out for the department?		
8.11	Has your area been identified as higher risk of violence and aggression and subsequently sufficient numbers of staff for each shift been identified for enhanced training beyond CRT? E.g. physical interventions. If it has, how many staff do you have trained?		
8.12	Are appropriate safety signs, posters etc. displayed?		

8.13	Are members of staff expected to work alone? If Yes , what are you undertaking to avoid the situation?		
8.14	Do you have a list of all lone workers?		
8.15	Has the generic risk assessments been adapted for lone workers in your area?		
8.16	Do you have person specific lone worker assessments?		
8.17	Do staff working in the community know how to complete the paper based risk assessment before any visit?		
8.18	Do staff working in the community know how to communicate with their department to confirm their safety on a regular basis?		
8.19	Do staff (where issued) know how to use personal attack alarms?		
8.20	Do staff know how to raise the alarm under general conditions if they are experiencing any difficulty or have concerns regarding violence and aggression?		
9. Communication/Consultation with Employees		Yes/ No	Comments
9.1	Do you organise monthly dept/ ward health and safety meetings?		
9.2	Are all employees able to attend to this meeting?		
9.3	Are all employees aware of the monthly meeting?		
9.4	Are adequate arrangements in place for consultation with employees?		
9.5	Do you ensure all staff receives a briefing on the contents of the meeting if they are unable to attend the meeting in person?		
10. Trust Audit		Yes/No	Comment
10.1	Have all action points from the last year's health and safety audit been completed?		

11. Stress		Yes/ No	Comments
11.1	Is the department manager aware of the Trusts policy for controlling stress?		
11.2	Does your staff have access to support in relation to stress issues?		
11.3	Have you carried out stress risk assessments?		
12. Risk Assessment		Yes/ No	Comment
12.1	Is the manager satisfied that all necessary risk assessments have been carried out and included those listed under emergency procedures/lone workers?		
12.2	Are all actions taken as a result of these assessments?		
12.3	Are these risk assessments reviewed annually in date and signed?		
12.4	Are completed assessments kept in the Department (Health and Safety File)? If not please explain why!		
12.5	Does the Dept/ward have competent staff capable of carrying out risk assessments General and COSHH?		
13. Inspections		Yes/ No	Comment
13.0	Are the Trust health and safety inspections being carried and held in the health and safety file?		

Annex B to Appendix 4 to Health, Safety and Welfare Policy

HEALTH AND SAFETY AUDIT ACTION PLAN AND REPORT FORM

Ward/ Department		Division	
Date of writing Action Plan			
Action Plan written by		Signature	

LOCATION	ISSUE/ ACTION REQUIRED	ACTION TO DATE	PERSON RESPONSIBLE FOR ACTION	EXPECTED COMPLETION DATE	COMMENTS

Continue on separate sheet where necessary

Annex C to Appendix 4 to Health, Safety and Welfare Policy

DIVISIONS

Risk Assessment Register (non-clinical)

Details of all risk assessments (including COSHH) must be inserted in the risk register, alternately a spread sheet showing current status of risk assessments in the dept/ward can be attached to the audit pack prior to submission. The spread sheet must contain all the headings of the table below. All person specific lone worker assessment must also be inserted in the table below. The register/chart must be signed and dated by the Manager.

Division/ Dept/ Ward

Assessment Name	Risk assessment completed ✓	Date of initial assessment	Action Plan complete. ✓	Insert the date the risk assessment was reviewed (All reviews must occur annually, therefore no assessment should be out of date beyond 1 year)

Manager's Name (PRINT): **Signature:** **Date:**

Appendix 5

PREFACE EQUALITY IMPACT AND COMPLIANCE ASSESSMENT

1. General

<u>Title of document</u>	Health, Safety and Welfare
<u>Purpose of document</u>	To alert staff to health and Safety Management within the Trust
<u>Intended scope</u>	All staff employed by the Trust.

2. Consultation

Which groups/associations/bodies or individuals were consulted in the formulation of this document?	Health, Safety and Security Group
What was the impact of any feedback on the document?	Feedback will be incorporated from the Trust PHSG
Who was involved in the approval of the final document?	Senior Management Team
Any other comments to record?	None

3. Equality Impact Assessment

Does the document unfairly affect certain staff or groups of staff? If so, please state how this is justified.	:-
What measures are proposed to address any inequity?	:-
Can the document be made available in alternative format or in translation?	Yes, on request to the Human Resources Department

4. Compliance Assessment

Does the document comply with relevant employment legislation? Please specify.	Yes, <i>Equality Act 2010</i>
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5. Document assessed by:

Name	Mandy Ford
Post Title/Position	Head of Risk Management
Date	July 2023

Appendix 6

Privacy Impact Assessment Screening Questionnaire

Project/Policy/Procedure Title: **Health, Safety and Welfare Policy**

Project Lead: **Mandy Ford, Head of Risk Management Date 17.07.2023**
Jason Chambers, Health and Safety Manager

Assessment Question		Yes	No
1	Does the project/policy/procedure involve new or inherently privacy-invasive technologies?		X
Comments:			
2	Is the justification for the new data-handling unclear or unpublished?		X
Comments:			
3	Does the project/policy/procedure involve an additional use of existing identifier?		X
Comments:			
4	Does the project/policy/procedure involve use of a new identifier for multiple purposes?		X
Comments:			
5	Does the project/policy/procedure involve new or substantially changed identity authentication requirements?		X
Comments:			
6	Will the project/policy/procedure result in handling of significant amount of new data about each person, or significant change in existing data-holdings?		X
Comments:			
7	Will the project/policy/procedure result in the handling of new data about a significant number of people or a significant change in the population coverage?		X
Comments:			
8	Does the project/policy/procedure involve new linkage of personal data with data in other collections, or significant changes in data linkage?		X
Comments:			
9	Does the project/policy/procedure involve new or changed data collection policies or practices that may be unclear or intrusive?		X
Comments:			
10	Does the project/policy/procedure involve new or changed data quality assurance processes and standards?		X

Comments:		
11	Does the project/policy/procedure involve new or changed data security arrangements?	X
Comments:		
12	Does the project/policy/procedure involve new or changed data access or disclosure arrangements?	X
Comments:		
13	Does the project/policy/procedure involve new or changed data retention arrangements?	X
Comments:		
14	Does the project/policy/procedure involve changing the medium of disclosure for publicly available information in such a way that data becomes more readily available than it was before?	X
Comments:		
15	Will the project give rise to new or changed data-handling that is in any way exempt from legislative privacy protections?	X
Comments:		
Does the project/policy/procedure require further privacy impact assessment?		X

If the project/policy/procedure does not require any further Privacy Impact Assessment, this document should be signed by the Project Lead/Policy Author and relevant Information Asset Owner.

The project/policy/procedure should state that it is exempt from a Privacy Impact Assessment, and this questionnaire should be kept with project/policy/procedure documentation.

No further Privacy Impact Assessment need.	
Signed: Mandy Ford <i>Project Lead/Policy Author</i>	Date 17.07.2023
Signed <i>Information Asset Owner</i>	Date